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Pat 3711

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/396,531
		Filing Date	9/15/99
		First Named Inventor	Randall A. Addington
		Group Art Unit	3711
		Examiner Name	William Pierce
Total Number of Pages in This Submission	3	Attorney Docket Number	99-1001

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks: Response is payment of \$6.00, owed for extra dependent claim. (See Paper No. 8)

Return address Receipt Post Card

TC DEC 26 2000

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

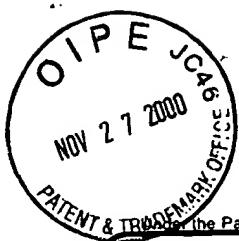
Firm or Individual name	Joel I. Rosenblatt, Patent Attorney	RECEIVED DEC 9 2000 JMS
Signature		
Date	11/21/2000	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 11/21/2000

Typed or printed name	Joel I. Rosenblatt	Date	11/21/2000
Signature			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/17 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 6.00)

Complete if Known

Application Number	09/396,531
Filing Date	9/15/99
First Named Inventor	Randal L. Addington
Examiner Name	W. Pierce
Group Art Unit	3711
Attorney Docket No.	99-1001

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number Deposit Account Name

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	690	201 345 Utility filing fee	<input type="text"/>
106	310	206 155 Design filing fee	<input type="text"/>
107	480	207 240 Plant filing fee	<input type="text"/>
108	690	208 345 Reissue filing fee	<input type="text"/>
114	150	214 75 Provisional filing fee	<input type="text"/>

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20**	= <input type="text"/> X <input type="text"/> = <input type="text"/>	<input type="text"/>
Multiple Dependent	-3**	= <input type="text"/> X <input type="text"/> = <input type="text"/>	<input type="text"/>

** or number previously paid, if greater. For Reissues, see below

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
103	18	203 9 Claims in excess of 20
102	78	202 39 Independent claims in excess of 3
104	260	204 130 Multiple dependent claim, if not paid
109	78	209 39 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
105	130	205 65 SurchARGE - late filing fee or oath	<input type="text"/>
127	50	227 25 SurchARGE - late provisional filing fee or cover sheet	<input type="text"/>
139	130	139 130 Non-English specification	<input type="text"/>
147	2,520	147 2,520 For filing a request for ex parte reexamination	<input type="text"/>
112	920*	112 920* Requesting publication of SIR prior to Examiner action	<input type="text"/>
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	<input type="text"/>
115	110	215 55 Extension for reply within first month	<input type="text"/>
116	380	216 190 Extension for reply within second month	<input type="text"/>
117	870	217 435 Extension for reply within third month	<input type="text"/>
118	1,360	218 680 Extension for reply within fourth month	<input type="text"/>
128	1,850	228 925 Extension for reply within fifth month	<input type="text"/>
119	300	219 150 Notice of Appeal	<input type="text"/>
120	300	220 150 Filing a brief in support of an appeal	<input type="text"/>
121	260	221 130 Request for oral hearing	<input type="text"/>
138	1,510	138 1,510 Petition to institute a public use proceeding	<input type="text"/>
140	110	240 55 Petition to revive - unavoidable	<input type="text"/>
141	1,210	241 605 Petition to revive - unintentional	<input type="text"/>
142	1,210	242 605 Utility issue fee (or reissue)	<input type="text"/>
143	430	243 215 Design issue fee	<input type="text"/>
144	580	244 290 Plant issue fee	<input type="text"/>
122	130	122 130 Petitions to the Commissioner	<input type="text"/>
123	50	123 50 Petitions related to provisional applications	<input type="text"/>
126	240	126 240 Submission of Information Disclosure Statement	<input type="text"/>
581	40	581 40 Recording each patent assignment per property (times number of properties)	<input type="text"/>
146	690	246 345 Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
149	690	249 345 For each additional invention to be examined (37 CFR § 1.129(b))	<input type="text"/>
179	690	279 345 Request for Continued Examination (RCE)	<input type="text"/>
169	900	169 900 Request for expedited examination of a design application	<input type="text"/>

Fee Paid

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\$6.00

Other fee (specify) Fee due for extra dependent claim

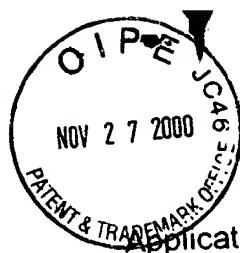
SUBTOTAL (3) (\$ 6.00)

Complete (if applicable)

SUBMITTED BY			
Name (Print/Type)	Joel I. Rosenblatt	Registration No. (Attorney/Agent)	26,025
Signature	Joel I. Rosenblatt		
	Date	11/21/2000	

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Application Number: 09/396,531

Filing Date: 9/15/99

Inventors: Randall Addington et al.

Title: A Bowler's Finger Pad Shield

Assistant Commissioner of Patents
Washington, D.C. 20231

Group Art Unit: 3711

Examiner Name: William Pierce

Attorney Docket No.: 99-1001

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9/3 fee ltr.

Applicants' Response to Paper No. 8, Mailed 11/13/2000

This response is to Examiner's notice "the reply filed 10/10 is informal/not responsive because the response was filed with extra dependent claims for which an additional \$6.00 is owed."

To comply with Examiner's notice of "informal /not responsive" Applicant includes with this response the additional fee of \$6.00 as specified by Examiner. Accordingly, this Applicant response supplies the omission or correction in order to avoid abandonment.

Joel Rosenblatt 11/21/2000
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Email: jirosenblatt@mindspring.com

Adjustment date: 12/20/2000 CV0111
10/13/2000 AZERGAW1 00000027 09396531
-3.00 0P
03 FC:998

12/20/2000 CV0111 00000209 09396531

01 FC:203 9.00 0P